

Declaration, Power Of Attorney and Petition

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WE (I) the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"PHARMACEUTICAL COMPOSITION FOR IMPROVING CEREBRAL FUNCTION"

AND METHOD FOR IMPROVING CEREBRAL FUNCTION"

the specification of which

☐ is attached hereto.

☐ was filed on _____ as
Application Serial No. _____
and amended on _____.

☒ was filed as PCT international application

Number PCT/JP03/04292

on 3 April, 2003,

and was amended under PCT Article 19

on _____ (if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed
<u>2002-173483</u>	<u>Japan</u>	<u>14/June/2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

We (I) hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

We (I) hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application Serial No.	Filing Date	Status (pending, patented, abandoned)
_____	_____	_____
_____	_____	_____
_____	_____	_____

And we (I) hereby appoint the following registered practitioner(s):



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as our (my) attorneys, with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith; and we (I) hereby request that all correspondence regarding this application be sent to



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We (I) declare that all statements made herein of our (my) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Signature of Inventor

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NAME OF FOURTH JOINT INVENTOR

Signature of Inventor

Date

NAME OF FIFTH JOINT INVENTOR

Signature of Inventor

Date

Residence: _____

Citizen of: _____

Post Office Address: _____

Residence: _____

Citizen of: _____

Post Office Address: _____